Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday June 22, 2005
Cranston, Rhode Island

DUR Board Members Present:	Ellen Mauro, RN, MPH Raymond Maxim, MD Richard Wagner, MD John Zevzavadjian, RPh
DUR Board Members Absent:	Tara Higgins, RPh, CGP, CDOE Stephen Kogut, PhD, RPh, MBA
Guests:	Paula Avarista, RPh, MBA (RI Medicaid) Frank Spinelli (RI Medicaid) Karen Mariano, RPh (Electronic Data Systems) Gail Davis ((Electronic Data Systems) Ingelcia Simas (Electronic Data Systems) Julie Simpson, RPh (Electronic Data Systems) Joe Paradis, PharmD (Health Information Designs)

Minutes from the March 23, 2005 meeting were approved with no changes. Dr. Westrick will no longer serve on the DUR board since he now practices in Massachusetts. Paula Avarista will begin recruiting another Board member to replace him.

The DUR Board continued its efforts to address the risk of worsening diabetic control associated with the use of atypical antipsychotic agents. Prescriber educational mailings were recently performed which alerted prescribers of patients with diabetes who were also taking an atypical antipsychotic agent. Letters were sent to the prescriber of the anti-diabetic agent as well as to the prescribers of the atypical agent to recommend that patients be monitored for worsening diabetes control. Approximately 1,800 prescriber letters were generated. The Board reviewed prescriber responses to the letters and found that many prescribers would make no change to the patient's regimen or felt that the benefits of the atypical agents outweighed the risk of worsening diabetes control. The Board asked that prescriber responses be updated as more responses are received and that a summary of all responses be made available to the Community Mental Health Centers Medical Directors in an effort to educate prescribers of the need to more closely monitor diabetic patients who are taking atypical antipsychotic agents. Dr. Maxim asked if he could see a list of names of prescribers who were responding to determine if they were primary care providers or psychiatrists.

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The Board reviewed a draft letter which discusses the new black box warning which now appears on the labeling of all atypical antipsychotic agents. The warning alerts prescribers of an increased risk of fatal adverse events in elderly patients prescribed atypical antipsychotic agents for the treatment of dementia. The Board acknowledged that the use of the atypical agents are associated with some risk in the elderly but not to treat elderly patients with atypical agents may place patients at greater risk especially if other agents such as benzodiazepines were more widely prescribed in this population. The Board decided not to proceed with the intervention letter since prescribers would receive correspondence from pharmaceutical manufacturers of the atypical agents alerting them to the new FDA required labeling change. The Board also requested that the agenda of the next Board meeting include discussion of education for patients and family members of the risk and benefits of atypical antipsychotic agents for the treatment of dementia.

A summary of letters sent to prescribers for patients with diabetes and evidence of coronary heart disease and who were not currently taking lipid lowering therapy was reviewed. The Board recommended that prescribers who did not respond to the initial letter be sent a second intervention letter. The Board suggested that both the wording and the response form for the second letter be modified since these patients may be at increased risk for adverse coronary events without adequate management of their cholesterol.

Medicare Part D will not cover benzodiazepine. However, Rhode Island Medicaid will continue to cover these agents with no co-payment required. There is concern that the utilization of benzodiazepines may increase in favor of other sedative or anti-anxiety agents since patients will be able to obtain these medications without the requirement of a co-payment. The Board requested that HID monitor the number of patients found to be over-utilizing benzodiazepines on a regular basis.

Karen Mariano reported that for the Falls Prevention Program will be repeated beginning in July. Both long-term care patients and outpatients will be included in the program. There was some discussion of the types of measurements that would be useful to include in the evaluation and they include the following:

- Monitory quality indicators long-term care facility have in place in order to prevent falls.
- Monitor improvements long-term care facilities have made with regard to falls prevention.
- Monitor changes in the utilization of high risk medications.
- Monitor the number of ambulatory patients who had to be referred to long-term care after a fall.

Paula Avarista indicated that the quantity limits for the erectile dysfunction agents would be further limited. The Board recommended that those sexual offenders classified as sexual predator should not receive erectile dysfunction agents due to public safety concerns.

The next meeting was scheduled for 8:00am on Wednesday September 14, 2005 and will be held at the new EDS facility and directions and will be posted to the website.